



Texas State Board of Dental Examiners

333 Guadalupe, Tower 3, Suite 800
Austin, Texas 78701-3942
(512) 463-6400 / Fax: (512) 649-1658

**2x2 Passport Photo
Required**

PLACE HERE

Dental Faculty Member Application

Instructions: Print legibly or type all information. All fields are required. Submitting an incomplete application will delay your application process. All supporting documentation should be submitted with this application. Fees are Non-Refundable. Make your check or money order payable to TSBDE and mail to the Texas State Board of Dental Examiners at 333 Guadalupe St, Ste 3-800 Austin, TX 78701. A 2x2 passport sized photo is required. Once the completed application has been received, fingerprint instructions will be emailed to the email address provided below.

☐ **Faculty License: \$258**

Military Active Duty, Veteran, & Spouse: NO FEE:

☐ **Active Duty****

☐ **Veteran****

☐ **Active Duty Spouse****

**** Please include a copy of one of the following: Copy of Military Orders, I.D. Card or proof of Honorable or General Discharge**

Social Security #*:			Date of Birth: MM / DD / YYYY	
Last Name:		First Name	Middle	
Current Address:		City:	State:	Zip
Permanent Address:		City:	State:	Zip:
Business Address:		City:	State:	Zip:
Preferred mailing address: (preferred address will be made available to the public) <input type="checkbox"/> Current <input type="checkbox"/> Permanent <input type="checkbox"/> Business				
Daytime Phone #:		Email Address:		
Employing School:				
City:	Assigned Department:			

* Pursuant to Sec. 59.001 of the Dental Practice Act, the social security number of an applicant for or holder of a license, certificate of registration, or other legal authorization issued by a licensing agency to practice in a specific occupation or profession that is provided to the licensing agency is confidential and not subject to disclosure under Chapter 552, Government Code.

Dental Education:

Name of School:	Degree Earned:	Graduation Date:
Name of School:	Degree Earned::	Graduation Date
Jurisprudence Completion Date:		

Health Insurance

Are you a Texas Medicaid Provider? ____ Yes ____ No

Are you a participating provider in the Texas Children's Health Insurance Program (CHIP)? ____ Yes ____ No

LICENSE HISTORY: Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. You must answer each question with a "Yes" or "No" response as no other response is acceptable. **All "Yes" answers MUST be explained in detail in a separate SIGNED and NOTARIZED affidavit.** The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

NOTE: If you answer "Yes" to any of the questions below and you have already submitted a detailed affidavit to this licensing authority explaining your response you need not submit another detailed affidavit. Please note the date of your previous submission next to the applicable question(s).

1. Have you ever had any application for any professional license, registration, certification, or permit refused or denied by any licensing authority or government agency?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Have you ever had a professional license, registration, certification, or permit revoked, suspended, or canceled, by any licensing authority or government agency, or voluntarily surrendered?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Have you ever been the subject of disciplinary action by any licensing authority or government agency with regard to any professional license, registration, certification, or permit? If you answer "Yes" you must attach documentation of disciplinary action not previously reported to TSBDE.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. For any criminal offense, including those pending appeal, have you ever: A. been convicted of a misdemeanor (other than minor traffic violations)? B. been convicted of a felony? C. pled nolo contendere, no contest, or guilty? D. received deferred adjudication? E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty? F. been sentenced to serve jail or prison time? court-ordered confinement? G. been granted pre-trial diversion? H. been arrested or have any pending criminal charges? I. been cited or charged with any violation of the law? J. been subject of a court-martial; Article 15 violation; or received any form of military judgement/punishment/action? If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer. Also, provide a copy of an Order of Non-Disclosure or the Court Order expunging or sealing (non-disclosure) any conviction, offense, arrest, or citation.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Are you currently addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Are you currently abusing any chemical substance including alcohol (excluding tobacco and caffeine)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Have you ever been diagnosed with any condition or impairment (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder or condition) that in any way affects your ability to practice as a Dentist in a competent, ethical, and professional manner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

TO BE COMPLETED BY DEAN, DEPARTMENT CHAIR, OR PROGRAM DIRECTOR

I, _____, verify that the above-named applicant holds a:

☐ Part Time

☐ Full Time

Salaried position with the following teaching institution: _____ and is a fit and proper issued faculty license to provide direct patient care with this institution or its adjunct facilities.

Signature of Dean, Department Chair, or Program Director:

Date:

IN ADDITION TO THE FOREGOING:

- A. I hereby give my permission for the Texas State Board Dental Examiners (TSBDE) to secure additional information or documentation concerning me or any of the statements in this application from any person or source the TSBDE may desire.
- B. I further agree to submit to questioning concerning my qualifications as an applicant by the TSBDE, staff, any member or agent thereof, and to substantiate my statements if desired by the TSBDE. I also agree to present all other credentials required or requested by the TSBDE.
- C. I, the applicant herein, state that all facts, statements, and answers contained in this application are true and correct. I am not omitting any information, which might be of value to the Board in determining my qualifications whether it is called for or not. I agree that any falsification, omission, or withholding pertinent information or facts concerning my qualifications as an applicant shall be sufficient to bar me from licensure by the TSBDE and such falsification, omission or withholding shall serve as sufficient grounds for the revocation, cancellation, or suspension of my Texas license if not discovered until after issuance.

Signature of Applicant:

Date:

STATE OF _____ COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared the applicant whose signature appears above and who being by me sworn upon oath says that all the facts, statements and answers contained in this application are true and correct.

Sworn and subscribed to before me, the said _____ appeared on this the _____ day of _____, 20 _____, to certify which witness my hand and seal of office.

Notary Signature

(Seal)

Beginning October 1, 2021 applicants applying for licensure or registration with the Texas State Board of Dental Examiners will be required to demonstrate proof that a course in human trafficking prevention approved by the executive commissioner of the Texas Health and Human Services Commission has been completed. This is *in addition* to all required documentation that needs to be submitted to the TSBDE. For information on where to find approved courses you may visit the following site; <https://www.hhs.texas.gov/services/safety/texas-human-trafficking-resource-center/health-care-practitioner-human-trafficking-training>.

Faculty Dentist Licensure Application Checklist

- A fully completed application. Submitting an incomplete application will delay your application process.
- 1- 2x2 passport sized photo.
- Copy of driver's license, naturalization papers, or passport.
- Copy of current Basic Life Support CPR certification – must include hands-on demonstration of skills.
- Copy of a diploma from a dental school
- Endorsement from the Dean, Department Chair or Program Director of the employer-school verifying full-time or part-time salaried faculty position at a CODA-accredited dental school.
- Proof of completion of the Jurisprudence for dentists without sedation taken within one year immediately prior to application.
- National Practitioner Data Bank (NPDB) self-query report. Report results must remain in the original sealed envelope. NPDB reports are valid for 60 days. Contact NPDB at (800) 767-6732, or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.
- Military Active Duty, Veterans or Military Active Duty Spouses must provide either a copy of Military Change of Station Orders, Identification Card or a document showing proof of Honorable or General Discharge.

Fingerprint Session

Once the Texas State Board of Dental Examiners is in receipt of your application, you will be notified via email of the agency's service code. This code is required in order for you to schedule a fingerprint session with IdentoGo. Proof of completion may be emailed to licensinghelp@tsbde.texas.gov.

2-Step Application and Payment process

Once TSBDE has approved your examination application, a license number will be issued. The status of your license will be expired with a future date. You will receive a letter of approval with instructions for activating your Initial renewal. The approval letter will authorize you to practice for 30 days. Once your initial renewal has been paid, you should receive your new license within 7-10 business days via mail.

Exception: Active duty military, veterans and active duty military spouses are not required to pay to activate their license. The license will be issued and mailed to the applicant after the application has been approved. Your first license may be valid anywhere between 18 months to 30 months. You will receive a reminder post card approximately 45 days prior to your license expiration date.

Additional Information

Designation of Records Form: This form is to be used by the licensed Texas dentist to designate a custodian of records upon initial licensure and at each renewal period. Dental records are the sole property of the dentist who performs the dental service, unless otherwise designated per Board rules. Please provide the following information to appropriately designate ownership of records and appointment of a custodian, if necessary. This form may be found here; <http://tsbde.texas.gov/78i8ljb/Designation-of-Records-Form.pdf>. This information may also be updated using your online licensing account.

Dentists must be issued a Texas Dental License before an Application for an Anesthesia Permit can be processed.

Change of Address. Licensees are required to notify the TSBDE within 60 days of a change in address.

Continuing Education. Dentists are required to complete 24 hours of acceptable continuing education hours at each renewal period.

CPR Requirement. CPR Courses must include a hands-on demonstration of skills by the applicant on a manikin and a written assessment of skills. Foreign Language Documents. All documents issued in a foreign language must be translated to English.